

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/13/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TOWER HILL HEALTHCARE CENTER

**759 KANE STREET
SOUTH ELGIN, IL 60177**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.1210b)5) 300.1210d)6) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER TOWER HILL HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 759 KANE STREET SOUTH ELGIN, IL 60177		
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S9999	Continued From page 1 and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) These Requirements are not met as evidenced by: Based on interview and record review the facility failed to prevent a fall with fracture for one resident. The facility also failed to incorporate fall interventions to prevent falls and injuries. This applies to one (R3) of three residents reviewed for falls with injury in the sample of six. This failure resulted in R3 sustaining a tibial plateau fracture and still unable to bear weight 4 months post fall. The findings include: R3 has a BIMS (Brief Interview for Mental Status) score of 15 out of 15 on her 4/22/15 MDS(Minimum Data Set) showing her to be completely cognitively intact and interviewable. On 1/12/16 at 10:00 AM R3 stated on 8/24/15 she was in the shower room with a CNA(Certified Nursing Assistant). R3 stated she was transferring from her wheelchair to the shower chair by herself as she always did. R3 stated it was a newer shower chair and taller than the old ones and she could not get her buttocks onto the chair and fell to the ground. R3 stated she did	S9999			

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S9999	<p>Continued From page 2</p> <p>not have a gait belt on and the CNA was not physically assisting her. R3 stated she broke the bone under her knee cap and now can't bear weight. R3 states she has not been to the shower room since the incident she just gets a bed bath now. R3 also stated she still can't bear weight on her leg so the staff have to use a mechanical lift to get her out of bed where as before the fall she was able to pivot and transfer from the bed to the chair.</p> <p>Incident report of 7/1/15 shows R3 was in the shower room with a CNA and lost her balance and fell sustained an abrasion to her back. There was no mention or use of gait belt. On 1/12/16 at 10:00 AM R3 stated she didn't use a gait belt. She would just hold onto the chair and pivot and turn to get to the shower chair.</p> <p>R3's 4/22/15 MDS under transfers documents R3 required extensive assistance from one person. The bathing section shows her to need physical assistance from one person for bathing.</p> <p>R3's care plan dated 12/29/15 documents R3 is at risk for injury related to falls due to decreased strength and endurance, right tibial fracture. One of the interventions dated 7/1/15 documents R3 needs the assistance of two for transfers during showers and then on 8/24/15 R3 is documented to need a mechanical lift for transfer. There is no other transfer information on the care plan.</p> <p>On 1/12/16 at 1:00 PM E2 (Director of Nursing) stated R3 required the assistance of one person for transfers with a gait belt. E2 stated she did not know if R3 had a gait belt on during the shower transfer on 8/24/15 but would expect the staff to use one when someone is determined to require the assistance of one person for</p>	S9999			

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	<p>transfers. E2 also stated R3 was listed as needing two persons to assist for shower transfers on 7/1/15 after the fall incident on 7/1/15 in the shower. Two person assistance for shower room transfers was added as the intervention but not shown to be discontinued. R3's fall risk assessment at that time showed her to have a fall risk score of 20 which is high risk.</p> <p>R3 was already a high fall risk with the 7/1/15 shower fall and no gait belt was shown to be used. R3 sustained a second fall again in the shower and no gait belt was used and she sustained a fracture. There is no documentation to support staff were in service on proper and safe transfers of residents. There were no care plan update interventions to support the prevention of falls and healing of R3's current fracture.</p> <p>(B)</p>			